epi TRENDS

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Surveys Assess Hepatitis B and HIV Screening of Pregnant Women in Washington State

Prenatal screening for hepatitis B and human immunodeficiency virus (HIV) infection can prevent the spread of disease from a mother to her baby. Although the rates of infection with hepatitis B and HIV among pregnant women in Washington State are less than 1%, transmission of these infections during pregnancy or at delivery can have disastrous consequences.

Up to 90% of babies born to hepatitis-B infected women will become infected if not given appropriate postexposure prophylaxis; 90% of those infected will become chronic carriers, of which 25% will die of primary hepatocellular carcinoma or cirrhosis of the liver, usually in adulthood. Since 1988, the Advisory Committee on Immunization Practices (ACIP) has recommended that all pregnant women be tested for hepatitis B surface antigen (HBsAg) during an early prenatal visit. Infection can usually be prevented in babies of women who test positive if the newborns receive hepatitis B immune globulin in addition to hepatitis B vaccine shortly after delivery.

Among babies born to HIV-infected women, 14–33% will become infected and many of these children will develop AIDS during the first few years of life. Administration of zidovudine to the mother during pregnancy and delivery and to the infant for the first six weeks after birth can reduce the number of infected infants by two-thirds.

Health care providers in Washington State are required by the 1988 AIDS Omnibus Law to counsel all pregnant women regarding HIV and to offer HIV testing to those perceived to be at risk of infection. Since 1994, when zidovudine was found to be effective in decreasing perinatal transmission of HIV, the U.S. Public Health Service (USPHS) has also recommended routine HIV counseling and voluntary testing of all women in early pregnancy.

To assess compliance with state law and the ACIP and USPHS recommendations, the Washington State Department of Health (DOH) conducted two studies in 1995. They show excellent compliance with hepatitis B screening but inadequate levels of HIV counseling and testing.

HIV Counseling and Testing

To determine the proportion of women who received HIV counseling and testing during pregnancy, researchers added questions to the 1995 Washington State HIV/AIDS Knowledge, Attitudes, and Beliefs (KAB) Survey, a random-digit-dialing telephone survey of adult (ž 18 years) residents of Washington State. These questions were asked of all women younger than 50 years who reported they had been pregnant at some time between 1990 and 1995. Demographic information, self-perceived risk for HIV infection, and other information on risk factors for HIV were also collected from respondents.

Of the 688 women interviewed in the 1995 KAB survey, 124 (19%) reported that they had been pregnant at least once since 1990. At the time of the interview, 4% perceived themselves at medium or high risk for HIV; 10% reported that they had at least one of the established risk factors.

Of the 92% of the women who had received prenatal care during their last pregnancy, 48% remembered their health care provider discussing HIV with them; 55% said their provider offered to test them for HIV, and 72% of the latter said they were tested. Women who felt they were at medium or high risk for HIV infection or

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Screening (from page 1)

had one of the established HIV risk factors were more likely to report that their health care provider had discussed HIV with them or had offered testing than were women who considered themselves at low or no risk or who lacked one of the risk factors; however, these differences were not statistically significant. The sample size was insufficient to analyze results by age group, race/ethnicity, or source of health care.

Difficulties in recall among respondents and lack of detailed information may bias the results of this survey and explain why a larger percentage of women (55%) said they were offered testing than said their provider had discussed HIV with them (48%). Signing a consent form for testing or having a blood specimen collected may have been more memorable to the women than the discussion about HIV. Information was not collected about the content of the discussions. Health care providers may have mentioned HIV but not discussed the risk factors or the need to change behaviors to lower risk. Furthermore, data in this report may underestimate current rates of testing in pregnant women because they do not reflect recent changes in testing practices. Nonetheless, it is clear that not all pregnant women are being appropriately counseled for HIV in Washington State.

Hepatitis B Screening

To determine the proportion of pregnant women who had been tested for hepatitis B prior to or at delivery, researchers selected a 5% random sample of 1994 hospital births. Hospital records were available for approximately 98% of the 4,109 mother-infant pairs. Information collected included maternal demographics, prenatal care, and maternal hepatitis B screening. Birth certificates and birth certificate worksheets provided information not available in the medical records.

Compliance with hepatitis B screening was high; 96% of maternal records had documentation of the HBsAg status, indicating that the mother had been tested. Transfer of the mother's HBsAg status to the infant's record was accurate in 76% of the mother-infant pairs. Significant factors associated with lack of documentation of the HBsAG status in the mother's record included lack of prenatal care, mothers with 12 years or less of education, and receipt of public assistance for prenatal care or delivery. Other factors associated with lower rates of documentation were delivery at a hospital with fewer than 150 beds or a hospital that did not have a written screening policy for women whose HBsAg status was unknown at the time of delivery.

Initiatives to Improve Screening

To encourage provider compliance with HIV counseling and testing, DOH in collaboration with the University of Washington and Children's Hospital and Medical Center in Seattle, has developed and distributed ready-to-use patient educational materials (videotapes, brochures, and displays) for prenatal care settings. The DOH is conducting surveys of prenatal providers and key informants to describe barriers to universal HIV screening in prenatal care settings.

To maintain high levels of hepatitis B screening, the DOH will continue site visits to local health jurisdictions, hospitals, and private providers to support and educate staff and continue providing educational materials on the perinatal transmission of hepatitis B. The department also will launch an awareness campaign aimed at parents and health care providers. It will emphasize the need for all pregnant women to be screened, for all infants to receive the hepatitis B vaccine series on time, and for infants born to HBsAg-positive mothers to receive hepatitis B immune globulin and the first dose of vaccine shortly after birth. The hepatitis B project report is available from Trang Kuss at 360-664-2694.

Recommended Reading

Centers for Disease Control and Prevention: Prevention of perinatal transmission of hepatitis B virus: Prenatal screening of all pregnant women for hepatitis B surface antigen. *MMWR* 1988; 37(22):341-3, 351.

Centers for Disease Control and Prevention: Heptatitis B: A comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination. MMWR 1991; 40(RR-13):1–25.

Centers for Disease Control and Prevention: Recommendations of the U.S. Public Health Service task force on the use of zidovudine to reduce perinatal transmission of human immunodeficiency virus. MMWR 1994; 43(RR-1).

Centers for Disease Control and Prevention: U.S. Public Health Service recommendations for human immunodeficiency virus counseling and voluntary testing for pregnant women. *MMWR* 1995; 44(RR-7):1-15.

FDA Okays Acellular Pertussis Vaccine

The Food and Drug Administration has approved an acellular pertussis vaccine (Tripedia ©, Conaught Laboratories, Inc.) for the initial four doses of the diphtheria, tetanus, and pertussis vaccination series. The reduced frequency of adverse reactions and high efficacy has prompted the Advisory Committee on Immunization Practices to recommend Tripedia for routine use. Vaccines containing a whole-cell pertussis component continue to be an acceptable alternative for all doses. The Department of Health immunization program expects to make the new vaccine available to Washington State providers through their local health departments starting in January 1997.

Monthly Surveillance Data by County

August 1996* – Washington State Department of Health

County	Campylobacter	Giardia	Hepatitis A	Hepatitis B	E. coli O157:H7	Salmonella	Shigella	Meningococcal Disease	Tuberculosis	AIDS	Gonorrhea	Syphilis	Pesticides †	Lead§
Adams	0	0	0	0	0	0	0	0	0	0	1	0	0	0/3
Asotin	2	0	0	0	0	1	0	0	0	0	0	0	0	0/0
Benton	1	3	0	0	0	1	0	0	1	0	3	0	5	0/25
Chelan	3	2	0	0	1	0	0	0	0	0	0	0	5	6/55
Clallam	2	2	0	0	0	0	0	0	1	0	1	0	1	0/0
Clark	0	0	0	0	0	0	0	0	0	0	6	1	0	0/1
Columbia	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Cowlitz	1	0	1	0	0	0	0	0	1	0	0	0	1	0/15
Douglas	0	0	0	0	0	0	0	0	0	0	0	0	1	0/0
Ferry	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Franklin	0	1	0	0	0	0	0	1	1	0	1	0	2	0/12
Garfield	0	1	0	0	0	0	0	0	0	0	0	0	0	0/0
Grant	0	0	0	0	0	0	0	1	0	0	0	0	1	0/8
Grays Harbor	2	0	0	1	0	0	0	0	0	0	1	0	0	0/4
Island	1	1	0	0	0	0	0	0	0	1	3	0	0	0/1
Jefferson	0	0	0	0	0	1	0	0	0	1	0	0	0	0/0
King	24	12	0	0	6	15	7	3	11	22	47	5	3	0/71
Kitsap	2	2	0	0	0	2	0	0	0	0	5	0	0	2/52
Kittitas	0	0	0	0	1	0	0	0	0	0	0	0	1	0/0
Klickitat	0	0	0	0	0	0	0	0	1	0	0	0	0	0/0
Lewis	2	0	0	0	1	1	0	0	0	0	2	0	0	1/7
Lincoln	0	0	0	0	1	0	0	0	0	0	0	0	0	0/1
Mason	0	1	1	0	0	0	0	1	0	0	1	1	1	0/2
Okanogan	0	1	0	0	0	1	2	0	1	0	0	0	2	0/1
Pacific	1	0	0	0	0	1	0	0	0	0	1	0	0	0/0
Pend Oreille	0	0	0	0	1	0	1	0	0	0	0	0	0	0/0
Pierce	9	5	2	2	4	6	1	2	2	7	24	1	1	2/63
San Juan	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Skagit	0	0	0	0	0	0	0	0	1	2	1	0	1	0/4
Skamania	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Snohomish	6	4	2	1	2	4	0	0	3	5	3	2	4	2/26
Spokane	3	2	0	0	5	3	15	0	2	4	24	0	2	3/142
Stevens	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Thurston	3	1	1	0	1	5	0	0	0	0	4	0	1	1/30
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Walla Walla	1	0	0	0	1	1	0	0	0	0	0	0	0	2/11
Whatcom	6	3	2	0	0	6	3	0	0	2	2	2	0	2/7
Whitman	1	0	0	0	0	0	0	0	0	0	1	0	0	0/17
Yakima	20	9	1	0	1	14	15	2	1	2	3	0	5	6/76
Unknown														1/4
Current Month	90	50	10	4	25	62	44	10	26	46	134	12	37	27/638
August 1995	129	68	144	23	18	85	49	6	19	500	254	12	50	26/354
1996 to date	610	302	329	63	54	397	159	73	177	467	1413	100	306	133/3670
1995 to date	636	429	573	127	67	395	257	72	178	632	1767	136	319	121/2483

* Data are provisional based on reports received as of August 31, unless otherwise noted.

† Unconfirmed reports of illness associated with pesticide exposure.

§ Number of elevated tests / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested.

WWW Access Tips

The Centers for Disease Control and Prevention Web site includes travelers' health recommendations and health information about epidemics and specific diseases. On-line publications include Morbidity and Mortality Weekly Report (MMWR), which offers surveillance case definitions, and Emerging Infectious Diseases. The address is: http://www.cdc.gov

Questions? Comments? If you have a question about epidemiologic or public health issues, contact the editors at the address on the mailing panel or by email at function@u.washington.edu

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MMR Vaccination in Question for Some HIV-infected Persons

A report of measles pneumonitis in a severely immunocompromized person with HIV infection who received measles-mumps-rubella (MMR) vaccination has prompted the Advisory Committee on Immunization Practices (ACIP) to suggest it may be prudent to withhold MMR or other measles-containing vaccines in such cases. See the July 19, 1996 issue of Morbidity and Mortality Weekly Report (vol. 45, no. 28).

The ACIP continues to recommend MMR for HIV-infected persons without evidence of measles immunity who are not severely immunocompromized. Those who are should receive immune globulin (IG) after exposure to measles regardless of prior vaccination status. In addition, health care providers should weigh the risks and benefits of measles vaccination or IG prophylaxis for severely immunocompromised HIV-infected patients who are at risk for measles exposure due to international travel or contact with infected persons.

Yakima HD Reports Rubella Cases

The Yakima Health District has reported three confirmed cases of rubella since mid-August. Two of the three cases are members of the same family; the third case is a family friend. All three cases were exposed to a California visitor who had a rash at the time. The Yakima Health District is on the alert for additional rubella cases. Please report any suspected rubella cases to your local health department.

Building Partnerships at the Joint Conference on Health

The 1996 Washington State Joint Conference on Health, "Building Partnerships for Health," will draw a diverse array of organizations and public health professionals to Tacoma from September 30 to October 2. This third annual statewide conference, sponsored by the Washington State Department of Health and the Washington State Public Health Association, emphasizes coordination and collaboration to maximize resources and enhance the health of Washington's residents. Keynote speakers include E. Richard Brown, president, American Public Health Association; A. Etmanski, Center for Urban Affairs and Policy Research, Northwestern University; Richard Rubin, president, Foundation for Health Care Quality. Sessions cover managed care, community assessment, measles and meningococcal disease, school health, health care quality, reproductive health, access to care, environmental health surveillance, long-term care, diversity issue, and community-university partnerships. The details : Sept. 30 - Oct. 2, Tacoma Sheraton; cost $150, single day is $100. For information: George Hilton at 206-361-2891, fax 206-361-11, gbh0303@hub.doh.wa.gov

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